

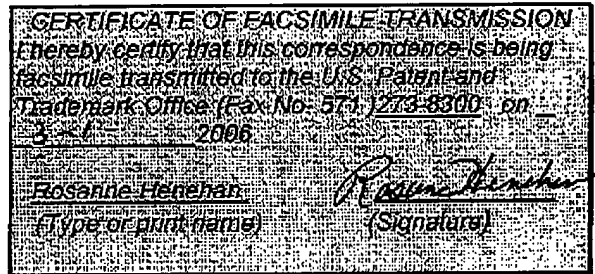
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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MAR 01 2006

In re application: )  
Gonzales et al. )  
U.S. Serial No.: 10/695,295 )  
Filed: October 28, 2003 )  
For: SURGICAL GEL SEAL )

Customer No.: 21378  
Docket No.: A-2966-AU  
Art Unit: 3763

Dear Sir/Madam:



Attached please find the following documents submitted for filing in reference to the above-referenced application.

1. Information Disclosure Statement Pursuant to 37 C.F.R. §1.97(c) With Fee;
2. PTO Form SB/08a;
3. PTO Form SB/08b;
4. Cited Reference (International Search Report and Written Opinion);
5. Fee transmittal; and
6. Transmittal.

Respectfully submitted,

*Rosanne Henahan*

Rosanne Henahan  
Applied Medical Resources

**CUSTOMER NO.: 21378**

Telephone (949) 713-8000  
Facsimile (949) 713-8206

**BEST AVAILABLE COPY**

PTO/SB/21 (02-04)

Approved for use through 07/31/2009, OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/695,295	
	Filing Date	October 28, 2003	
	First Named Inventor	Joseph A. Gonzales	
	Art Unit	3763	
	Examiner Name	Ahmed, Amer S.	
Total Number of Pages in This Submission	12	Attorney Docket Number	A-2966-AU

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**MAR 01 2006**

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO Form SB/08a; PTO Form SB/08b; Cited Reference: International Search Report and Written Opinion.
Remarks _____		
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>		
Firm or Individual name	David G. Majdali	
Signature	<i>David G. Majdali</i>	
Date	March 1, 2006	

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Typed or printed name	Rosanne Henehan	
Signature	3-1-2006 <i>Rosanne Henehan</i>	Date 3-1-2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04)

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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**  
**For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$180.00)**Complete If Known**

Application Number	10/695,295
Filing Date	October 28, 2003
First Named Inventor	Joseph A. Gonzales
Examiner Name	Ahmed, Aamer S.
Art Unit	3763
Attorney Docket No.	A-2986-AU

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MAR 01 2006**METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 01-2215 Deposit Account Name: Applied Medical Resources Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

**Total Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**      **Multiple Dependent Claims**

- 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_      **Fee (\$)**      **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20

**Indep. Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**

- 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets**      **Extra Sheets**      **Number of each additional 50 or fraction thereof**      **Fee (\$)**      **Fee Paid (\$)**

- 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: Information Disclosure Statement

**Fees Paid (\$)**

180.00

**SUBMITTED BY**

Signature	<i>David G. Majdali</i>	Registration No. (Attorney/Agent)	53,257	Telephone	949-713-8233
Name (Print/Type)	David G. Majdali	Date	March 1, 2006		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:	)	Customer No.: 21378
Gonzales et al.	)	
U.S. Serial No.: 10/695,295	)	Attorney's Docket: A-2966-AU
Filed: October 28, 2003	)	Examiner: Ahmed, Aamer S.
For: SURGICAL GEL SEAL	)	

Mail Stop Amendment  
Commissioner for Patents  
Fax No.: (571) 273-8300

**INFORMATION DISCLOSURE STATEMENT PURSUANT  
TO 37 C.F.R. §1.97(c) WITH FEE**

Dear Sir/Madam:

Please find enclosed a copy of PTO Form PTO/SB/08a and PTO Form PTO/SB/08b which lists information which may be relevant to the prosecution of the above-referenced application along with the associated documents. It is respectfully requested that this information and the associated documents be considered and an initialed copy of the PTO Form be returned to the Applicant's representative.

This Statement is being submitted under the terms of 37 C.F.R. §1.97(c) and believed to be filed before the mailing date of either: (i) a final action under §1.113; or (ii) a notice of allowance under §1.311.

Under 37 C.F.R. § 1.97(h), it is understood that filing of the Information Disclosure Statement does not constitute an admission that the information submitted is or is considered to be material to patentability.

The Commissioner is hereby authorized to charge the \$180.00 Information Disclosure fee set forth in 37 C.F.R. §1.17(p) to Deposit Account No. 01-2215. Authorization is also given to charge any fee deficiency, or credit any over-payment to Deposit Account No.01-2215.

Respectfully submitted,



David G. Majdali  
Attorney for Applicant  
Registration No. 53,257

Date: March 1, 2006

**CUSTOMER NO.: 21378**  
Telephone: (949) 713-8000  
Facsimile: (949) 713-8206

Approved for use through 07/31/2008. OMB 0851-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Substitute for form 1449/PTO  <h1>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</h1> <p><i>(Use as many sheets as necessary)</i></p>		<h2>Complete If Known</h2>	
		Application Number	10/695,295
		Filing Date	October 28, 2003
		First Named Inventor	Joseph A. Gonzales
		Art Unit	3763
		Examiner Name	Ahmed, Aamer S.
		Attorney Docket Number	A-2956-AU
Sheet	1	of	1

[illegible][illegible]

Examiner Signature		Date Considered	
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. <sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. <sup>3</sup> Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>4</sup> For Japanese patent documents, the Indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup> Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. <sup>6</sup> Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/088 (09-03)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  (Use as many sheets as necessary)		<b>Complete if Known</b>	
		Application Number	10/695,295
		Filing Date	October 28, 2003
		First Named Inventor	Joseph A. Gonzales
		Art Unit	3763
		Examiner Name	Ahmed, Aamer S.
Sheet 1	of 1	Attorney Docket Number	A-2966-AU

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>
		INTERNATIONAL SEARCHING AUTHORITY, International Search Report and Written Opinion for International Application PCT/US04/29853, mailed 2-24-2006.	

Examiner Signature	Date Considered
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.

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